

2011 SUMMER FOOD SERVICE PROGRAM SITE INFORMATION SHEET

New Site (Mark X if site did not operate last year) ()

1. Name and Address of SFSP Site PHONE: _____	2. Name and Title of Person in Charge at Site 4. Name of Sponsor METROPOLITAN ACTION COMMISSION	3. Period of Operation of Food Service Beginning Date Ending Date 06/06/2011 07/29/2011	5. Number of Operating Days (19) June (20) July TOTAL 39	6. Meals to be Served Daily Type Avg. Max a. Breakfast b. Lunch	Est. Time Begins Ends
7. Method of Meal Service (mark "X" one) <input checked="" type="checkbox"/> On-Site Self Preparation <input type="checkbox"/> Vended Self Preparation <input type="checkbox"/> Contract School Vended <input type="checkbox"/> Contract Food MGT. Co. Vended <input type="checkbox"/> Contract Food Mgt. Co. Self Prep. <input type="checkbox"/> Other (Specify) _____ AGENCY USE ONLY	8. Type of Site (Mark "X" one) <input type="checkbox"/> Recreational <input type="checkbox"/> School <input type="checkbox"/> Residential Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Church <input type="checkbox"/> Other (Specify) _____	9. Period of Operation for Program Beginning Date Ending Date 10. Number of Operation Days <input type="checkbox"/> June <input type="checkbox"/> July TOTAL ()	11. Classification of Site (mark "X" one) <input type="checkbox"/> (A) Open Regular <input type="checkbox"/> (B) Open w/Applications <input type="checkbox"/> (C) Restricted w/ Appl. <input type="checkbox"/> (D) Residential Camp <input type="checkbox"/> (E) Migrant <input type="checkbox"/> (F) Other (Specify) _____ AGENCY USE ONLY	12. Mark Type Documentation Site Eligibility (mark "X") <input type="checkbox"/> Needy School Printout <input type="checkbox"/> Census Tract <input type="checkbox"/> Needy Enroll/ Applications <input type="checkbox"/> Migrant <input type="checkbox"/> Other (Specify): Public Housing Eligibility Data AGENCY USE ONLY	
13. Schools Attended by Children at Site		14. Percent of Children Eligible? AGENCY USE ONLY?		15. Site operates Fridays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16.a Shelter Available ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. If not, what plan will be implemented ? (mark "X" one) <input type="checkbox"/> Cancel Meals <input type="checkbox"/> Move to Alternate Site <input type="checkbox"/> Other (Explain) _____			17. Scheduled Activities (Other than Food Program). <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Site Personnel Working with the Program: a. Number of Personnel <input type="checkbox"/> 1-3 persons <input type="checkbox"/> Over 3 persons b. Number of Hours Daily <input type="checkbox"/> 1-4 hours <input type="checkbox"/> Over 4 hours			To Be Answered ONLY IF MEALS ARE DELIVERED (Attach additional sheet if needed) 19. Storage Facilities for Meals (mark "X" one) <input type="checkbox"/> a. Refrigerated Storage Available for All Meals <input type="checkbox"/> b. Refrigerated Storage Available for Leftovers Only <input type="checkbox"/> c. No Refrigerated Storage 20. Describe Your Plan for Excess Meals Delivered. <input type="checkbox"/> Serve Following Day		
FOR ADMINISTERING AGENCY USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason: _____ Initials _____ Date ____/____/____			I certify that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. _____ Date Title Signature		

PLEASE NOTE: FAXED APPLICATIONS WILL NOT BE PROCESSED. APPLICATIONS MUST BE MAILED OR HAND DELIVERED TO OUR OFFICE